

## DLD Office Use Only:

**\$15 LERN**      **ORG LERN**

**DPC**      **DL**      **CDL**      **ID**      **IDD**

**LTID**      **LTDL**      **LTCDL**

Class: **A**      **B**      **C**      **D**Endorsement: **H**      **N**      **X**      **Z**      **P**      **S**      **T**      **M**

Visual Acuity: Passed      Failed      Eye Statement

Restrictions: **A**      **B**      **K**      **L**      **G**      **V**

J: \_\_\_\_\_

Motorcycle Restrictions: **O**      **2**      **3**

Testing: Written      Road      Refugee/Asylee

Station: \_\_\_\_\_ Employee #: \_\_\_\_\_ Initials: \_\_\_\_\_

**Name Change**

From: \_\_\_\_\_

To: \_\_\_\_\_

ID #1: \_\_\_\_\_

ID #2: \_\_\_\_\_

Legal Presence: \_\_\_\_\_

**BC Name:** \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ File Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

State File #: \_\_\_\_\_

Iss. Agency: \_\_\_\_\_

**SSN:** \_\_\_\_-\_\_\_\_-\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSV: Yes / Override      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address Verified: Y / N \_\_\_\_\_

**SAVE:** 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Final: \_\_\_\_\_ Approved/Exp.: \_\_\_\_\_ Denied

Employee #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CDLIS:**      **CSR**      **CDR**

SI:      SI:      SI:

UA: \_\_\_\_\_ CSR: \_\_\_\_\_

Match      No Match      Pending  
Eligible      Not Eligible      Error      Lic

**PDPS:**

SB: \_\_\_\_\_

License Surrender: YES      NO

CDL: YES      NO

10 Year History: Received      Completed

ISS: \_\_\_\_\_ EXP: \_\_\_\_\_

State: \_\_\_\_\_ Endorsement: \_\_\_\_\_

License #: \_\_\_\_\_

UT LICENSE #

UT ID #

FULL

LEGAL NAME: \_\_\_\_\_  
Last      First      Middle      SuffixDATE OF BIRTH: \_\_\_\_\_ Social Security # or ITIN: \_\_\_\_\_  
mm/dd/yyyy      (This information will not show on your Driver License or ID Card)

## UTAH RESIDENCE

ADDRESS: \_\_\_\_\_  
Number/Street/Apartment      City      Zip CodeMAILING ADDRESS: \_\_\_\_\_  
PO Box/Number/Street/Apartment      City      Zip Code

HEIGHT: \_\_\_\_\_ FT. \_\_\_\_\_ IN.      WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ GENDER: Male / Female

Applicant's Place Of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
State/ Country      Last      First**NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS. FAILURE TO TRUTHFULLY COMPLETE QUESTIONS MAY RESULT IN WITHDRAWAL OF DRIVING PRIVILEGE OR IDENTIFICATION CARD.**☐ YES☐ NO

Are you a U.S. Citizen?

☐ YES ☐ NO

Are you a legal permanent resident alien or a U.S. National?

☐ YES ☐ NO

If you are a citizen of another country, do you have evidence of lawful presence in the United States?

☐ YES☐ NO

I would like to register my desire to be an organ, eye, and tissue donor (lifesaving anatomical gift.)

☐ YES☐ NO

Are you a U.S. Military Veteran?

☐ YES☐ NO

If yes, do you authorize sharing this information with the Utah Division of Veterans affairs for the purpose of identifying veterans and disseminating veteran benefit information?

☐ YES☐ NO

If you have been honorably discharged from the U.S. Military, would you like to have a VETERAN indicator on your driver license or ID card?

☐ YES☐ NO

Are you required to register as a sex offender with the State of Utah, any other state, or with the U.S. Government?

☐ YES☐ NOIf you are **not** registered to vote where you live now, would you like to register to vote today? (*U.S. Citizens Only*)☐ YES☐ NO

Do you now have, or have you ever been issued, a driver license by another state, country or province? If yes, list states/countries/provinces: \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_ | \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ YES☐ NO

If you are a CDL driver, have you been licensed in another state within the last 10 years? If yes, please list:

☐ YES☐ NO

\_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_ | \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ YES☐ NO

In the last 10 years, has your driving privilege been suspended, revoked, canceled, denied or disqualified? If yes, State: \_\_\_\_\_ # \_\_\_\_\_ Why \_\_\_\_\_

☐ YES☐ NO

Are you required to carry a medical certificate (DOT Card?) If yes, are you in compliance? \_\_\_\_\_ Certificate expires: \_\_\_\_\_

☐ YES☐ NO

Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?

☐ YES☐ NO

Do you wish to contribute \$2.00 to educate people about organ, eye and tissue donation?

☐ YES☐ NO

Do you wish to contribute a \$1.00 donation to the "Mobility Assistance Fund?"

☐ YES☐ NO

Do you claim to be disabled under the Americans with Disabilities Act?

☐ YES☐ NO

Do you claim to be indigent and are applying for an ID card for voting purposes?

**Print the name of the person signing for minor:** ☐ Father ☐ Mother ☐ Guardian \_\_\_\_\_

ID Card Original Provisional \$15 Learner Permit Renewal   65 Lapsed   65 Duplicate Upgrade   Prev Lic Downgrade Retest Fee	License Fee \$ _____ Reinstatement Fee \$ _____ Admin Fee \$ _____ ID Fee \$ _____ Charity Fee(s) \$ _____ Other \$ _____ Total \$ _____ Transaction # _____ Emp. Initials _____	Cash Check Credit Debit Voucher
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Examiner Notes and Completed Date Stamp:

**DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?**

<input type="radio"/> YES	<input type="radio"/> NO	<b>A</b>	<b>Diabetes</b>	Diabetes (high blood sugar, sugar diabetes you control with diet, medication or insulin) or hypoglycemia or other metabolic condition etc., which may interfere with driving safety?
<input type="radio"/> YES	<input type="radio"/> NO	<b>B</b>	<b>Cardiovascular</b>	Heart condition, with or without symptoms (heart attack, heart surgery, irregular rhythm, general heart disease) within the last five years; or hypertension (high blood pressure) unable to be controlled with medication?
<input type="radio"/> YES	<input type="radio"/> NO	<b>C</b>	<b>Pulmonary</b>	Pulmonary (lung) condition (asthma, emphysema, passing out from coughing, etc.) shortness of breath which has required treatment?
				<input type="radio"/> YES <input type="radio"/> NO Is an inhaler the only medication prescribed for this condition?
				<input type="radio"/> YES <input type="radio"/> NO Are you required to use supplemental oxygen while driving?
<input type="radio"/> YES	<input type="radio"/> NO	<b>D</b>	<b>Neurologic</b>	Neurological condition (stroke, head injury, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease, etc.) which may interfere with driving safety?
<input type="radio"/> YES	<input type="radio"/> NO	<b>E</b>	<b>Epilepsy</b>	Seizures or other episodic conditions which include any recurrent loss of consciousness or control?
				<input type="radio"/> YES <input type="radio"/> NO Commercial: Anytime during your life.
<input type="radio"/> YES	<input type="radio"/> NO	<b>F</b>	<b>Learning and Memory</b>	Learning and memory difficulties observed personally or reported to you by others?
<input type="radio"/> YES	<input type="radio"/> NO	<b>G</b>	<b>Psychiatric</b>	Psychological condition (severe anxiety, severe depression, severe behavioral mood conditions, schizophrenia, etc.) or other conditions for which hospitalization has occurred or been recommended by a physician or other mental health professional?
<input type="radio"/> YES	<input type="radio"/> NO	<b>H</b>	<b>Alcohol and Drugs</b>	Excessive use of alcohol and/or prescription drugs, or use of any illegal drugs; or treatment or recommendation for treatment of alcohol use or chemical dependency?
<input type="radio"/> YES	<input type="radio"/> NO	<b>I</b>	<b>Vision</b>	Do you wear glasses or contact lenses for driving?
<input type="radio"/> YES	<input type="radio"/> NO			Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses?
<input type="radio"/> YES	<input type="radio"/> NO			Do you have degenerative or progressive eye condition?
<input type="radio"/> YES	<input type="radio"/> NO			Have you experienced a decrease in peripheral (side) vision?
<input type="radio"/> YES	<input type="radio"/> NO	<b>J</b>	<b>Musculoskeletal Chronic Debilities</b>	Loss or paralysis of all or part of an extremity; or onset of a general debilitating illness requiring treatment?
				<input type="radio"/> YES <input type="radio"/> NO New or changed in the past 5 years?
				<input type="radio"/> YES <input type="radio"/> NO Present longer than 5 years?
<input type="radio"/> YES	<input type="radio"/> NO	<b>K</b>	<b>Alertness or Sleep Disorders</b>	Do you have a condition that produces abnormal sleepiness (sleep apnea, narcolepsy, etc.?)
<input type="radio"/> YES	<input type="radio"/> NO	<b>L</b>	<b>Hearing Impairment</b>	Only if you are a Commercial driver – no hearing requirements have been established for Regular Operator license.
<input type="radio"/> YES	<input type="radio"/> NO		<b>Balance (ENT Problems)</b>	Have you experienced any sudden vertigo or infection of the inner ear (vestibular neuritis or labyrinthitis?)
<input type="radio"/> YES	<input type="radio"/> NO		<b>Other</b>	Other health problems or use of medications which might interfere with driving ability or safety? Please explain:



**PLEASE STOP AND TAKE THE COMPLETED FORM TO AN EXAMINER**